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Mental health in competitive sports in times of COVID-19

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Changes in public life, isolation, quarantine, and associated constraints within usual routine, as well as anxieties and concerns, are just some of many examples of psychiatric burdens caused by the COVID-19 pandemic [1]. Not only the general population, but professional athletes in particular, are exposed to these challenges, as professional sports came to an abrupt halt upon occurrence of COVID-19.

Daily routines and customs that had been established over years and decades were changed from one day to the other. Training sessions were frequently only possible in isolation and small groups (e.g. maximum of 5 persons), far away from a familiar environment. These specific mental health burdens caused by COVID-19 need to be recognized, as well as their potential effects on physical health [2]. Confined training facilities, cancelled training camps, uncertainties concerning the continuation of the current season, cancelled competi-

tions and postponed major sporting events such as the Olympic Games and the European Football Championship are further examples [2,3]. Some athletes might believe that postponed Olympic Games would have denied them a lifetime experience or even an anticipated Olympic medal. Others may actually benefit from the current situation as they are recovering from a serious injury and won't reach their peak performance level until next year. Large sporting events are also a time of transition and are frequently an occasion to end a career upon. The end of a career itself may pose a burden on mental health, especially when the point in time cannot be chosen freely [4].

These considerations apply to individual professional athletes as well as team sports players alike. Questions arise regarding right point in time for training sessions as well as whether training sessions are even possible to take place dur-

ing this pandemic, and finally, whether specific aims can be reached. This may be coupled with insecurities and concerns with respect to the continuation of an athletic career. Both may have a significant impact on physical and mental health [4]. From a Sports Medicine perspective, these training restrictions due to COVID-19 with inherent subliminal training stimuli may lead to an increase in musculoskeletal injuries once restrictions are lifted and the training load suddenly increase again. Psychiatric burdens and illnesses may increase the risk of musculoskeletal injuries and affect athletic performance [4]. They may now become clinically manifest during these current times. Furthermore, pre-existing sub-clinical conditions as well as manifest psychiatric diseases may exacerbate. This includes affective disorders (depression), anxiety disorders, sleeping disorders, as well as alcohol and other substance abuse.

Outlook

Mental health, like physical health and athletic performance, is an integral dimension of competitive sport, and all three cannot be considered independently [4]. Mental wellbeing and athletic performance are mutually dependant. Psychological distress and disorders may have an impact on performance, increase the risk of physical injuries and prolong rehabilitation. In turn, physical injuries limit athletic performance and may pose a risk for sustaining mental health. These are known interrelationships [4]. In particular, the COVID 19 pandemic and the associated restrictions may represent burdens and risks to mental health in competitive sports and must therefore be taken into account [2,3].

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Research Project

A research project investigating the relationship between mental health, physical health and performance in competitive sports during the COVID 19 pandemic is currently being conducted by the University Center for Prevention and Sports Medicine and the Department of Sports Psychiatry and Psychotherapy at the University Hospital of Psychiatry Zurich.

Possible psychological stress is evaluated with questions about symptoms, as they typically occur in a depressive mood, and supplemented with questions about possible sleep problems and anxieties as well as current illnesses and injuries. Since the COVID-19 lockdown, the survey has been carried out at intervals of four weeks. The last survey is planned one year after the lockdown. Study participants who show signs of depression or suicidal tendencies are contacted directly and receive an offer to arrange professional help.